

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Apache</u>		BUREAU OF VITAL STATISTICS	13 State Index No. <u>405</u>
District of		ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>141</u>
Town of <u>Bagar</u>			Local Registrar's No. <u>18</u>
or			
City of		(No. <u>Still Born</u> St; Ward)	
FULL NAME OF CHILD		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } X NO	
Sex of Child <u>girl</u>	Twin, Triplet or other <u>not</u>	and	Number in order of birth <u>3</u>
			Legitimate? <u>yes</u>
			Date of Birth <u>28 August</u> 191 <u>6</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>John Eddy Butler</u>		Full Maiden Name <u>Rebecca Butler</u>	
Residence <u>Bagar Arizona</u>		Residence <u>Bagar Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)
Birthplace <u>St Johns Arizona</u>		Birthplace <u>St Johns Arizona</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? .....	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on 28 August 1916, at Bagar M.

{ \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs W F Lerueur R.M.  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report ..... 191.....

Address Bagar Arizona

Filed sep 30 1916 E. J. Indace  
LOCAL REGISTRAR.

029-828-929  
COUNTY REGISTRAR.

Filed Oct 9 1916 A True Copy T J Bonlaton  
COUNTY REGISTRAR.